

| POSITION            | INITIALS  | ID NO.       | DATE           |
|---------------------|-----------|--------------|----------------|
| FEE DETERMINATION   | <i>DM</i> | <i>62809</i> | <i>2/10/99</i> |
| O.I.P.E. CLASSIFIER |           |              | <i>2-16-99</i> |
| FORMALITY REVIEW    |           | <i>66080</i> | <i>2/23/99</i> |

# INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions,  
staple additional sheet here

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